

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18382

State File No. 86

FILED JUL 11 1955

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give town) Trenton, Mo		c. LENGTH OF STAY (In this place) 10 hours		c. CITY OR TOWN Morgan Twp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wrights Hospital				e. STREET ADDRESS (If rural, give location) 06501			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Harris		c. (Last) Harris		4. DATE OF DEATH (Month) 6-23 (Day) 53 (Year) 55	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH 5-9-1885	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Thomas Harris		13b. MOTHER'S MAIDEN NAME Helton		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME G. B. Thomas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture neck Left Hip ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 9047 DUE TO (c) 45 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 days		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident West Home Princeton		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) West Home Princeton		21c. (CITY, TOWN, OR TOWNSHIP) Princeton		21d. (COUNTY) Mercer	
21d. TIME OF INJURY (Month) 6 (Day) 21 (Year) 53 (Hour) 9:00 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall			
22. I hereby certify that I attended the deceased from 6-23 1955 to 6-23 1955 that I last saw the deceased alive on 6-23 1955, and that death occurred at 3:44 m., from the causes and on the date stated above.							
23a. SIGNATURE Clara F. Duffy M.D.				23b. ADDRESS Trenton Mo. June 30th 1955		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-24-55		24c. NAME OF CEMETERY OR CREMATORY Princeton		24d. LOCATION (City, town, or county) Princeton, Mo. (State)	
DATE REC'D BY LOCAL REG. 6-20-55		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.